### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Please type or print in ink.

# STATEMENT OF ECONOMIC INTERESTS OLITICAL COVER PAGE (FB)

Date Received
Official Use Only



FEB 28 2011

2011 MAR - 1 PH 5: US Document

NAME OF FILER	(LH31)	(riksi)	(MIDDEE)
Liu		Carol	Jean
1. Office, Agency	y, or Court		<del></del>
Agency Name		<del> </del>	
CA State Sena			
Division, Board, De	partment, District, if applicable	Your Position	
21st District		Senator	
<ul><li>If filing for multip</li></ul>	ele positions, list below or on an attachment.		
Agency: Treasur	er's Office	Position: Member, De	ebt & Invest. Adv. Commission
2. Jurisdiction of	of Office (Check at least one box)		
⊠ State		Judge (Statewide Jurisd	liction)
☐ Multi-County —		_ County of	
City of		_	
3. Type of States	ment (Check at least one box)		· · · · · · · · · · · · · · · · · · ·
Annual: The p	period covered is January 1, 2010, through December	31, Leaving Office: Date (Check one)	Left/
	covered is 12 / 31 /2008, through December	31, O The period covered leaving office.	is January 1, 2010, through the date of
	ce: Date/	<ul> <li>The period covered of leaving office.</li> </ul>	is/, through the date
Candidate: Ele	ection Year Office sought, if	different than Part 1:	
4. Schedule Sun	ımary		
Check applicable s	chedules or "None."	► Total number of pages including	g this cover page:
Schedule A-1 -	Investments - schedule attached	Schedule C - Income, Loans	& Business Positions schedule attached
⊠ Schedule A-2 •	Investments - schedule attached	Schedule D - Income - Gifts	- schedule attached
Schedule B - F	Real Property - schedule attached	Schedule E - Income - Gifts	- Travel Payments - schedule attached
	-or-		
	None - No reportable inte	rests on any schedule	
- 141			
L certify under nene	alty of perjury under the laws of the State of Califo	ornia tha	
r certify under pella	my or perjury under the laws of the state of Callic	niua tila	
Date Signed	02.28.10	Signatur	
<del>-</del>	(month, day, year)		
SALES A			
Clear Cover P	age Printroin P specify pag	es to pri	<del></del>





## SCHEDULE A-1 Investments

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY  Valley Water - residence owner share	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Municipal Water - residence owner share	
FAIR MARKET VALUE  X \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY TWO	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Restaurant  FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED 12 / 31 / 09  ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	Verification
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Print Name Carol Liu
	Office, Agency CA State Senate, 21st District
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	Statement Type 2010/2011 Annual Assuming Leaving Annual Candidate
NATURE OF INVESTMENT Stock Other (Describe)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE:	Date Signed02.28.11
/	(d)(5)  Signature

Comments:







### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

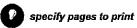
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► 1. BUSINESS ENTITY OR TRUST	$ ightharpoonup$ 4. Investments and interests in real property held $\underline{ ext{BY}}$ the	
Simply She	BUSINESS ENTITY OR TRUST	
Name	Check one box:	
1020 Kearny St., San Franciso, CA		
Address (Business Address Acceptable)		
Check one Trust, go to 2 Susiness Entity, complete the box, then go to 2	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY dog and cat attire		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$100,000	Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
S100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$2,000 - \$10,000	
NATURE OF INVESTMENT Sole Proprietorship Partnership Corporation Other	Over \$1,000,000	
YOUR BUSINESS POSITION Investor	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Leasehold Other Other	
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$OVER \$100,000	Check box if additional schedules reporting investments or real property are attached	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)		
Safeway, WalMart, Kroger, Petco		
	<b>]</b>	
Comments: Husband is Chairman of the Board	·	
Verification		
Print Name Carol Jean Liu		
Office, Agency or Court CA State Senate, 21st District		
Statement Type		
I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	eviewed this statement and to the best of my knowledge the information	
I certify under penalty of perjury under the laws of the State of (	California that the foregoing is true and correct.	
Date Signed 02.28.11 (month, day, year)	Signature	
fareum and hend		





### **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

the date of leaving office.

Election Year: \_

Candidate

# STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE
2010 MAR - I PH 5: '.3
A Public Document



Please type or print in lnk.	A Pub	lic Document	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Liu	Carol	Jean	(d)(5)
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CO	ODE OPTIONAL: E-WAIL ADDRESS
(d)(5)		· · · · · · · · · · · · · · · · · · ·	
1. Office, Agency, or Cour	t	4. Schedule Sun	nmary
Name of Office, Agency, or Court:		► Total number of pa	ges 6
CA State Senate		including this cove	er page:
Division, Board, District, if applicabl	e:		chedules or "No reportable
District 21		interests."	
Your Position:		attached schedules:	erests on one or more of the
Senator		Schedule A-1 X Y	'es – schedule attached
➤ If filing for multiple positions, list position(s): (Attach a separate		Investments (Less than 1	
	Sheet ii hoocosary.	Schedule A-2 X Y	es – schedule attached
Agency: Treasurer's Office		Investments (10% or Gre	ater Ownership)
Position: Member, CA Debt & Inv	estment Advisory Co.	Schedule B Y Real Property	es – schedule attached
			es - schedule attached
2. Jurisdiction of Office (c	heck at least one box)	Income, Loans, & Busin and Travel Payments)	ness Positions (Income Other than Gifts
State		Schedule D X Y	es – schedule attached
County of	<del></del>	Income – Gifts	
City of		Schedule E X Y	es - schedule attached
Multi-County	·	Income - Gifts - Trave	l Payments
☐ Other			-or-
		☐ No reportable inte	erests on any schedule
3. Type of Statement (Check	ck at least one box)		
☐ Assuming Office/Initial Dat	e:/	5. Verification	
Annual: The period covered is	January 1, 2009,		onable diligence in preparing this
through December 31, 2009.			ewed this statement and to the best
-or- O The period covered is/_	/ through	of my knowledge the inf attached schedules is t	formation contained herein and in any
December 31, 2009.	, unough		·
☐ Leaving Office Date Left:	<u>, , , , , , , , , , , , , , , , , , , </u>		of perjury under the laws of the State foregoing is true and correct.
(Check one)		(d)(5)	
<ul> <li>The period covered is Januar date of leaving office.</li> </ul>	y 1, 2009, through the	Data Signs d	
-Or-		Date Signed	(1101101) 2031 30217
O The period covered is/_	/, through	2	, , , , ,

Signature \_

(File the originally signed statement with your filing official.)

# SCHEDULE A-1 Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Carol Liu

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Valley Water Company	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Municipal Water - residence owner share	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
NAME OF BUSINESS ENTITY TWO	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Restaurant	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT defunct Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)    Partnership   Structure   National St	(Describe)  Partnership   Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 09 / / 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
P INNIE OF BOSINESS ENTITY	P NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
and the second	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$10,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Carol Liu

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Simply She	Peevey Family Trust
Name	Name
1020 Kearny St., San Francisco, CA	1322 Verdugo Blvd., La Canada Flintrdige, CA 91011
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2   Business Entity, complete the box, then go to 2	☐ ☐ ☐ ☐ ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$2,000 - \$10,000     10,001 - \$100,000     100,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Corporation  Respective Statement	NATURE OF INVESTMENT
Cither Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION investor	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000	\$500 - \$1,000
☐ \$1,001 - \$10,000	
Safeway, WalMart, Kroger, Petco	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HEŁD BY THE BUSINESS ENTITY OR TRUST  Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Rea! Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 · \$10,000	\$2,000 - \$10,000
S10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs, remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached
Comments:	EPPC Form 700 (2009/2010) Sch. A-2

## SCHEDULE D Income - Gifts



Carol Liu

➤ NAME OF SOURCE	► NAME OF SOURCE		
CA Tribal Business Alliance	Pres. Mark Yudof, Univ. of CA		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1530 J Street, Suite 250, Sacramento, CA 95814	1130 K Str., # 340, SAc., CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Advocate for tribes	CA Public University		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
01 , 14 , 09 s 88.77 Refreshments	06 , 09 , 09		
	06 <u>j</u> 09 <u>j</u> 09 <u>\$</u> 62.83 dinner		
► NAME OF SOURCE	➤ NAME OF SOURCE		
Pfizer	Japanese Chamber of Commerce of NorCal/		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1201 K St., #1010, Sacramento, CA 95814	1875 S. Grant St., #760, San Mateo, CA 94402		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Biomedical products Mfg. Lobbyist	Japan Business Association of Southern California		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
01,28,09 s 16.68 dinner	06 , 24 , 09		
	\$		
▶ NAME OF SOURCE	► NAME OF SOURCE		
Amgen	Japan Business Association of Southern California		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
c/o Wayne Ordos 1415 L St., # 410, Sac., CA 95814	1411 W 190th St. Suite 270, Gardena, CA 90248		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
biomedical product mfg.	Japan Business Association of Southern California		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
02 , 21 , 09 s 138.47 VIP pass - bicycle tour	06 , 24 , 09 s 57.81 dinner		
	s		
Comments:			

# SCHEDULE D Income - Gifts



► NAME OF SOURCE		► NAME OF SOURC	E	
National Assoc. of Social Wo	rkers			
ADDRESS (Business Address Acceptable)		ADDRESS (Busine:	ss Address Accepta	able)
1016 23rd St., Sacramento, C	CA 95816			
BUSINESS ACTIVITY, IF ANY, OF SOUR		BUSINESS ACTIVIT	TY, IF ANY, OF SO	URCE
advocate for social services				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08, 26, 09</u> s <u>29.99</u>	reception		\$	
			\$	
			\$	
► NAME OF SOURCE		► NAME OF SOURCE	E	
State Bldg & Construc. Trade	s Council of CA	-		
ADDRESS (Business Address Acceptable		ADDRESS (Busines	ss Address Accepta	ble)
1225 8th St, #375, Sacramen	to, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	TY, IF ANY, OF SO	URCE
Advocate on behalf of building	g and contruction trades			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,28,09 \$ 85.13	dinner		\$	
			\$	
\$			\$	
NAME OF SOURCE		► NAME OF SOURCE	Ξ	
So Cal Edison				
ADDRESS (Business Address Acceptable,	)	ADDRESS (Busines	s Address Accepta	ble)
2244 Walnut Grove Ave., Ros	emead, CA 91770	<u> </u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOL	JRCE
electric utility				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,17,09 <sub>s</sub> 16.50	holiday ornament			
			\$	
			\$	
Comments:		,		

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 7	
Name	
Carol Liu	

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE	► NAME OF SOURCE		
Gov't Action & Communications INst. (GACI)	CA Foundation on the Environment and the Economy		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
4535 Shady Oak Way	Pier 35, #202		
CITY AND STATE	CITY AND STATE		
Fair Oaks, CA 95628	San Francisco, CA 94133		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
public policy research on education, health, social svc	pulib policy research non-profit 501(c)(3)		
DATE(S): 02 / 28 / 09 · 03 / 02 / 09 AMT: \$ 1735	DATE(S): 10 / 15 / 0 - 10 / 28 / 09 AMT: \$ 7,469		
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income		
DESCRIPTION: tour of New Jersey early childhood learning programs air travel, hotel, ground trans, meals.	DESCRIPTION: Study Travel Project to China-air travel, hotel, ground trans, meals		
NAME OF SOURCE	► NAME OF SOURCE		
Swedish Energy Exchange Trust (Swedish cities)			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
c/o/ Municipality of Nacka, SE-131 81	CITY AND STATE		
Nacka, Sweden	CITT AND STATE		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Swedish municipalities	BOSINESS ACTIVITY, IF ANY, OF SOURCE		
Owedish Muhicipalities			
DATE(S): 08 / 02 / 09 . 08 / 06 / 09 AMT: s . 6,120	DATE(S):/		
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income		
DESCRIPTION: participate in Aspen Accord Conf. "Advancing a Global Sustainable Energy Future - air trns, hotel, ground trans, meal	DESCRIPTION:		
Comments:			